

Members

Rep. Sheila Klinker, Chairperson  
Rep. Robert Alderman  
Sen. Marvin Riegsecker  
Sen. Rose Antich  
Sally Lowery  
Ervin Picha  
Christopher Durcholz  
Thomas VanMeter  
Sylvia Brantley  
Suda Hopkins  
Joanne Rains-Warner  
Betty Williams



# INDIANA COMMISSION ON MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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## MEETING MINUTES<sup>1</sup>

**Meeting Date:** September 06, 2002  
**Meeting Time:** 1:00 P.M.  
**Meeting Place:** State House, 200 W. Washington  
St., 233  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 1

**Members Present:** Rep. Sheila Klinker, Chairperson; Sen. Marvin Riegsecker; Sen. Rose Antich; Sally Lowery; Ervin Picha; Christopher Durcholz; Thomas VanMeter; Suda Hopkins; Joanne Rains-Warner; Betty Williams.

**Members Absent:** Rep. Robert Alderman; Sylvia Brantley.

Representative Klinker called the meeting to order at approximately 1:15 PM and discussed the next meeting date. The second meeting will be Tuesday, October 1, 2002, at 1:00 PM at the Wabash Center in Lafayette, Indiana. Commission members introduced themselves.

### Muscatatuck State Development Center Update (MSDC)

#### **Steve Cook, Director, Division of Developmental Disabilities, Aging, and Rehabilitative Services (DDARS)**

Mr. Cook began by introducing himself. He is the new director of DDARS taking over since

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Marilyn Schultz stepped down to become the new director of the Budget Agency. Mr. Cook referred to the previously distributed *Muscatatuck State Developmental Center - Transitions and Placement Manual* (see Exhibit 1).

Mr. Cook provided some background information regarding the Muscatatuck State Developmental Center (MSDC) closure. Since the closure was announced in April 2001 the facility census has decreased. There were 279 residents at MSDC at the time of the announcement; currently there are 191 residents. Each resident in transition has a person-centered plan developed based upon their care requirements. The Bureau of Developmental Disabilities Services checks on residents moved from MSDC to assure that all components of the person-centered plan are implemented.

The current status of those that moved out of the facility is as follows:

- 31 moved to group homes
- 44 moved to supported living arrangements - (one passed away due to existing cardio-pulmonary problems)
- 3 transferred to Madison State Hospital
- 1 moved to a nursing facility

Since the closure announcement, nine residents at MSDC have passed away. FSSA hired a nurse practitioner to review these cases to determine whether the facility closure had any impact. The specialist determined that three deaths were due to chronic conditions and one death was due to a heart attack. The Commission requested additional information on the remaining five deaths.

The census at MSDC is expected to be 100 residents by June, 2003. Mr. Cook estimated there are 52 families who have signed the necessary consent form to begin transition for a family member at MSDC. These residents will move out of MSDC within the next 10 months. In addition, Mr. Cook stated that FSSA is currently engaged in crafting a person-centered plan with the families of 36 residents. Several families have withdrawn from the transition process due to two court cases and the passage of SEA 217 (2002).

Mr. Cook stated that the state is currently involved in state and federal litigation over the MSDC closure. The state court case resulted in an injunction requiring the state go through additional steps in the closure process and requiring a consent form be completed by the guardian advocate in order to move a resident. The federal court case requires mandatory settlement hearings between the state and the families of MSDC residents. There are four or five mandatory settlement hearings in process.

#### *Questions regarding MSDC closure:*

In response to a question regarding the closure date of MSDC, Mr. Cook replied that many are viewing 2005 (expiration date of SEA 217) as the closure deadline. However, if the community supports are not in place for the remaining residents, it could extend beyond this date. In addition, Mr. Cook stated that the facility is being phased down as residents are placed in other settings. There is no reuse plan currently for the property.

In response to a question concerning staff at MSDC, Mr. Cook replied that some employees have transferred to other positions within state government. Approximately 400 of the 800 staff have accessed training money to learn new job skills. SEA 217 has slowed the turnover rate since the closure date is being viewed as 2005 by staff and family.

In response to questions regarding the level of care for current MSDC residents, Mr. Cook replied that the staffing level has stabilized at MSDC since the closure announcement. A

recent Intermediate Care Facility for Mentally Retarded (ICF/MR) regulatory report noted no deficiencies at MSDC. All stages of the MSDC program are fully certified. Two buildings have been closed due to consolidation of space. The physical plant at MSDC is of concern due to age and may require large capital improvements. Mr. Cook stated that there is a fairly equal distribution of care requirements among the 100 residents not in transition.

In response to a question from Ms. Warner regarding accountability in the transfer process, Mr. Cook replied that there are three individuals involved in the person-based plan process: Service Coordinator, Quality Coordinator, and the Targeted Case Manager.

*Service Coordinators* are responsible for approving person-based plans, and checking the plan's appropriateness.

*Quality Coordinators* provide assurance that an individual receives quality services once in a community placement.

*Targeted Case Managers* are responsible for coordinating all community-based services that an individual receives. Case Managers are not state employees, are employed and funded through the state's Medicaid program, and are approved by DDARS. The families of individuals can change Targeted Case Managers at any time.

Mr. Cook stated that FSSA contracted with Indiana University to conduct a satisfaction survey regarding resident transfer to community placements. IU surveyed the first 60 residents/families of residents who moved from MSDC. The survey found that although the respondents were satisfied with services the resident received at MSDC, they were very satisfied with services received in the community (after transferring to community placement). Mr. Cook will arrange to have family representatives at the next Commission meeting to share their perspective of having a family member who transferred from MSDC to a community placement.

## **Residential Placement Update**

### **Steve Cook, Director, Division of Developmental Disabilities, Aging, and Rehabilitative Services**

Mr. Cook referred to the previously distributed *MR/DD Commission Report* (see Exhibit 2).

Mr. Cook stated that shelter-level group homes are being phased out. These homes are often cited with W198 citations (finding that a person no longer needs 24-hour intensive support services) by the Department of Health (ISDH)<sup>2</sup>. Shelter-level individuals require the least intensive care and are eligible for supported 24-hour supervised care. DDARS plans to phase out all 400 shelter-level beds, with 200 converted to date. In the past, when a W198 was issued, the resident had a short time frame in which to move (30 days). FSSA worked out an agreement with ISDH to allow for a seven-month transition period. Some of the shelter-level homes are being converted to four-bed 24-hour supervised care facilities for the current residents.

In the past year two large private ICF/MR facilities have closed: Manor Care and New Horizon facilities, which had a combined licensed capacity of 193 beds. FSSA worked with these facilities to find placements for the residents displaced. The facilities provided financial incentives to employees to stay during the closure process. There are four other ICF/MRs scheduled to close by November 2003 with a total capacity of 253 beds.

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<sup>2</sup> W198 citations are issued when a resident is found to no longer need intensive support services. If a person with a W198 finding remains in a group home, other residents may lose funding as well.

## **Funding - Group Homes and Individual Placement**

### **Alison Becker, Director, Bureau of Developmental Disabilities Services**

Ms. Becker introduced herself as the new Director of the Bureau of Developmental Disabilities Services. She assumes Steve Cook's former duties as well as maintains management of the waiver programs.

The FSSA has worked to move 2800 people from line-item services to Medicaid waivers over the past year. An additional 200 people are now on the Autism Waiver as well. Ms. Becker stated an additional \$44M was appropriated to the 317 Plan for the biennium; however \$23M of this was reverted due to refinancing of services under the waivers. Some of the new appropriation was allocated to a 4.5% rate increase to direct care providers.

Ms. Becker stated there have been some difficulties in filling waiver slots. The main problem is the 450B form that requires a physician's signature to get Medicaid level of care for a person. FSSA is working to change this requirement to any mental health professional, thus expediting the application process.

In response to a question, Ms. Becker stated that given financial constraints it will always be difficult to attract people to the direct care profession. The rate increase is a step in the right direction. Regarding the next budget request for the 317 program, the budget request is not finalized yet.

### **John Dickerson, Executive Director, ARC of Indiana**

Mr. Dickerson spoke on the 317 Plan and related funding issues, stating that increased funding needs to go to support infrastructure for the 317 Plan and that FSSA cannot keep cutting back on infrastructure and expect people to take on additional responsibilities. In response to a question, Mr. Dickerson stated that either the state will have to keep cutting staff and services or raise taxes and invest in services and invest in the state economy.

### **Teri Hively, Director, Tippecanoe Villa/President Indiana County Home Association**

Tippecanoe Villa is a non-profit county home serving residents statewide. Some residents at the Villa receive government funding and some self-pay. The program costs the state \$12 per day per person, which represents an annual savings of \$80,000 per person per year versus an ICF/MR placement. Available beds are currently frozen due to a state administrative decision. The state combined the Room and Board Assistance program (RBA) with the Aide to Residents in County Homes (ARCH) to form the RCAP program, resulting in funding difficulties.

## **Developmental Disabilities and Support Services Waivers Update**

### **Steve Cook, Director, Division of Developmental Disabilities, Aging, and Rehabilitative Services**

The FSSA implemented the Developmental Disabilities waiver (DD) in October 2001 and ceased the ICF/MR waiver. The new waiver has some changes from the ICF/MR waiver. The DD waiver funds LPNs or RNs to serve as healthcare coordinators, provides transportation as a covered support service, uses a developmental disabilities scoring profile to determine eligibility for waiver services, and has a Bureau of Developmental Disability Services staff or a Targeted Case Manager perform in-field assessments for level-of-care determinations on DD waivers. Currently, group home level-of-care determinations are not done in the field.

#### *Support Services Waiver:*

This is a new waiver that serves two functions: provides support services and provides day services for individuals waiting for DD waivers. People can remain on the DD waiver waiting list and receive services through the support services waiver. Due to infrastructure needs, this slows down the process of moving people from the DD waiting list. There are 6000 people and 2000 people on the DD waiver and Autism waiver waiting lists, respectively. The FSSA has a goal of moving 350 people a year off the waiver waiting lists.

#### **Next Meeting Date**

The next meeting will be Tuesday, October 1, 2002, at 1:00 PM at the Wabash Center, 2000 Greenbush St., Lafayette, Indiana.

The third meeting will be either October 22, 2002, or October 23, 2002.

#### **Adjournment**

There being no further business to come before the Commission, Representative Klinker adjourned the meeting at approximately 3:20 PM.